

BELIEFS IN PRACTICES OF THE SUPERNATURAL CAUSATION OF
ILLNESS AMONG IGBO AND YORUBA IN NIGERIA

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ABSTRACT

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BELIEFS IN PRACTICES OF THE SUPERNATURAL CAUSATION OF
ILLNESS AMONG IGBO AND YORUBA IN NIGERIA

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This study examined beliefs in supernatural causation of both Igbo and Yoruba ethnic groups in Nigeria. The study focuses on the beliefs that treatment of any patient involves exorcism of the invading spirit. A significant number of members of the two ethnic groups believe in the active presence of the spirit world, ancestral spirits, gods, and in reincarnation. Consequently, any illness or misfortune is often attributed to the wrath of the gods or neglect of the spirit world.

Content analysis of data gathered through participant observation was the primary means used in the analysis of this study. Subjects were Igbo and Yoruba natives of three age groups. These groups included traditional age,

transitional age, and modern age generations.

This research found that both Igbo and Yoruba ethnic groups tend to turn to beliefs in supernatural causation during serious illnesses, accidents and deaths. However, as individuals move from traditional age to modern age, they tend to believe less in supernatural causation in Igbo and Yoruba communities, despite the introduction of modern medicine. Specific reasons for the persistence of beliefs in supernatural causation in Igbo and Yoruba communities, despite the introduction of modern medicine, is a topic for further research.

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Traditionally, most individuals in both Igbo and Yoruba often attribute all illnesses to the beliefs in supernatural causation. In individuals in the two ethnic groups believe that any treatment of any patient involves exorcism of the invading spirit. The patients are often treated with assorted herbs, leaves and other mineral substances. They believe that no cure can be effective until the spirit world, gods and ancestors have been appeased. The relatives of the patient often consult herbalists or diviners, essentially for assistance in identifying the intruding forces. Eighty, percent of individuals living in rural areas often adhere to the beliefs in supernatural causation. While individuals of transitional age are less likely to believe in supernatural causation.

The practitioners of scientific medicine in Nigeria have looked down on traditional medicine. But a few scientific doctors have acknowledged that traditional healers have a role to play in the health care system. Many scientific doctors have felt that they have no role to play, but that their practices are positively harmful.

At the senate hearing in Lagos 1983, Dr. J. O. Lambo with

some renowned herbalists have formed an association known as the African Medical Herbalists and the Nigerian Union of Medical Herbal practitioners. This is in recognition of Nigerian herbalists and to allow their continuous traditional medicinal services to the people. There was a tremendous need by the federal state government and WHO to integrate traditional herbalists with orthodox medical practitioners for effective medical services despite the introduction of western medicine, medicine has often had a great impact on Igbo and Yoruba people with regard to cultural, economic and social values of the communities.

Types of Traditional Healing in Igbo and Yoruba

Traditional healing in Nigeria, specifically in Igbo and Yoruba fall into two main groups - herbalists and diviners. Herbalists are concerned with the preparation of medicines, ointments, herbs and leaves compounded from plants. The herbalists are well versed in the properties of a very large number of botanical species; they learn to recognize and collect these leaves from an early age. The collection of plant ingredients from medicines involves the "praise" names (special chants often used by healers to invoke the ancestors and gods to make the ingredients very effective). However,

the plant ingredients are powerless and produce neither good nor evil effects without the praise (Adeniyi and Ramakrishna, 1985; Awolalu, 1984 and Harrison, 1979).

Murdock (1965) has suggested that worldwide varieties of illnesses have foundations in both natural and supernatural causation. Both Igbo and Yoruba, however, traditionally believe only in the supernatural causation of any illness. In both ethnic groups, herbalists and diviners base their diagnoses first upon a patient's brief account of the symptoms. They interview the patient first or may use a complicated divination system. In Yoruba the diviner of the Babalawo repeatedly throws sixteen kola-nuts from hand to hand reciting some chants to the patient who will perceive in them a message relating to the patient's condition. These chants are often associated with the neglect of spiritual duties owed to the ancestors and gods by the patients. The Babalawo will enumerate some items which will be used to offer special rituals for the patients to recover from their illnesses. This is mostly used to pay the patient's indemnity of the sins committed in the spirit world (Harrison, 1979; Ayoade, 1980; Murdock, 1965).

On the other hand, the Igbo people believe in the active presence spirit world, the ancestral spirits, gods and in reincarnation. Moreover, Igbo people believe that even

inanimate objects such as the sun and stars, winds, rivers, rocks and trees have life in them (Chiwuzie et al, 1987; Parrinder, 1986). This is known in the anthropological literature as animism.

The system which Igbo diviners use to diagnosis illness is a bit different from that of the Yoruba people. The Igbo diviner uses seven small whitish sands to invoke divine spirits, instead of using kola-nuts. Furthermore, the diviner normally throws his whitish sands on the ground. The healer throws these sands under supernatural guidance; the interpretation of the illness is often explained by how far these seven whitish sands are thrown. In addition, these seven symbolic sands are representative of certain gods such as "iyi-uwa" (river of the spirit world), njoku (god of agriculture), ala-ezi (god of the family), etc. Just like the Yoruba diviner, the Igbo diviner chants his special songs to invoke the dead ancestral spirits. However, the two ethnic groups speak different languages and use different songs to diagnose their patients. Similarly, any illness or misfortune is often attributed to the wrath of the gods or neglect of the spirit world. The patient will also use certain items as enumerated by the diviner to pay its indemnity (Achebe, 1986).

Theories of Illness by Supernatural Causation

According to (Murdock, 1965) theories of illness by supernatural causation refer to "any theory which ascribes the impairment of health to the behavior of some personalized supernatural entity - a soul, ghost, spirit or god." They fall into two categories - soul loss and spirit aggression. In Igbo land, some deaths are attributed to soul loss. For instance, the death of a close relative can cause a soul loss. The family will be emotionally disturbed such that it often affects their physical outlook. The person is often in a state of illusion and death may be the last resort. For instance, according to an interview by Dr. Reverend Robert Shuller with a Russian evangelist (July 26, 1992, Channel 2 Television), the Russian evangelist emphasized that the mother was very depressed when the father died. The same year, the mother heard that the father had lost his two eyes. This horrible news of his blindness ultimately caused her death the same year. Soul loss affects individual's behavior, emotion, and often results in death. However, individuals may sustain soul loss as a result of loss of a huge amount of money stolen from the patient's house. Thus, soul loss is a spiritual depression which may be caused by intense heart-felt misfortune in one's life.

Another theory of supernatural causation is called spirit aggression, which is defined as direct punitive action of the gods. But it must be understood that in both ethnic groups - Igbo and Yoruba, any illness or misfortune is always attributed to the wrath of the gods or evil spirit. Even in the case of the death of a ninety-year old person, it is always speculated that supernatural forces caused the patient to die. Immediate relatives always consult a diviner to appease the wrath of the gods to prevent further deaths in the family (Murdock, 1965).

Where and How Traditional Healing is Administered

Traditional healing often takes place at the home of the patient, near a tree installed in the family (Ala-ezi) compound, or gullies along a road and junctions. And the items enumerated by the diviner as necessary are bought by the relatives of the patient. The final ritual is performed by either an elder man, designated to offer the sacrificial ritual or a herbalist. The sacrificial ritual is offered at a particular day, in correlation with the spirit world of that god. But the items used for each sacrifice vary according to the nature of the illness or spirit world. For instance, items have included seven yams, a jar of palm wine, a bottle

of native gin, whitish clay, a hen associated with a female or a cock associated with a male, etc.

The elderly man designated for the sacrifice or a herbalist often offers rituals in the evenings. The patient carries these items and is escorted by either his mother or the father. The diviner rubs the cock or hen on the body of the patient. This is a rite for removing any illness from the patient's body and appealing to the gods to give the individual good health. The Igbo people believe that any illness can be cured effectively after appeasing the gods and ancestors with these sacrificial rituals (Achebe, 1986; Uchendu, 1965).

Ethnography of Supernatural Causation in Igbo and Yoruba

Eighty percent of individuals living in the first generation in Igbo and Yoruba rural areas of Nigeria believe in supernatural causation. The natives often seek the consent of any diviner or herbalist before administering any treatment to a patient. But there are certain intricacies of supernatural causation which often make individuals to believe with the people of the first generation. The people of the first generation of traditional age, are our forefathers who had already cultivated a strong belief in supernatural causation. Every little misfortune is often attributed to the

wrath of the gods. They are often preoccupied with offering a series of sacrificial rituals to appease the gods, ancestors, and the spirit world. Thus, individuals constantly living in the rural areas are prone to believe in supernatural causation with the first generation.

Similarly, the Yoruba people do perform sacrificial rituals before any tree dedicated to the gods are tampered with. Studies by (Oliver, 1986) observed that the "ifas-juju" men and herbalists will offer numerous sacrificial rituals to a tree, before removing the bark for making assorted medicines. The bark may be used for driving out evil spirits from a house, rainmaking or applied to other medicinal ingredients. Before removal of the bark, however, the spirits of the tree must be propitiated by the offering of gifts. "These usually consist of portions of kola nut, white yam, cocoyam and plantain, two cowry shells, a piece of white drill cloth and a quantity of chalk." With these ritual items, it is possible to approach the "ifas", who would offer the necessary sacrifices at the foot of the tree. The ritual items are placed at the foot of the tree and at the same time the spirit is beseeched for whatever help that may be required. A small piece of bark can now be removed with the aid of a wooden batten, but not with a machete or metal implement. Just like with the "iyi-uwa" tree, a disobedience

or failing to comply with the sacrificial rituals, will ultimately result in an impending omen, which often brings death to the family (Oliver, 1986; Balley, 1986; Bascom, 1969).

"Ndi-ngborogwu" Traditional Medicine Healers

(Quack Medicine)

"Ndi-ngborogwu" traditional medicine healers are quack physicians who claim to be doctors but are not qualified in the practice of Western medicine. In both Igbo and Yoruba, there are huts in isolated areas having various outdated medicines, where individuals come to the quack doctor for healing. But why do individuals in the rural areas tend to utilize more of "quack" medicines than those living in the cities? Quack traditional healers are more easily accessible than professional Western medical doctors. They are personally interested in helping their patients. They exhibit this instinct of helping the patients by visiting them some days later and giving additional medicine. They are kind-hearted and assure the patients of their quick recovery. Even where the ailment proves incurable, the quacks will console the patients to live with their illness patiently. There are a series of implications involved in the utilization of quack medicines. Most of the injections administered by these quacks form abscesses (collection of thick yellowish-white

liquid formed in a cavity in the body). In such situations, the patients sickness will often be so complicated that the individual will have to be taken to a professional medical doctor. Furthermore, there are private dispensaries who utilize old blunt needles repeatedly on many patients. The needles may not be properly sterilized to avoid transmission of diseases from one patient to the other (Achebe, 1986; Cockerham, 1991).

Studies by (Ogbuagu, 1983) indicate that foreign drug companies involve themselves in marketing dangerous drugs in third world countries. Since the dispensaries are not checked or controlled, dangerous drugs flood the market. Depo-Provera, a contraceptive known to be unfit for use by the United States is conveniently sold in Nigeria, yet it has been declared unsafe by the 1962 Drug Amendment Act in the United States. Both Igbo and Yoruba are great users of this lucrative Depo-Provera. Foreign companies continue to sell Depo-Provera to "quacks" in Nigeria, particularly to Igbo and Yoruba "quacks" (Ogbuagu, 1983).

Similarly, quack practitioners in Igbo and Yoruba are patronized by people of low-income status and non-literates. Even, patients tend to encourage their friends that the treatment of faith healers is most appropriate and effective (Hackett, 1989; Saunder, 1980; Abayomi, 1982).

Faith Healers

Faith healers are individuals who believe in using the power of prayers in healing patients. They have faith in God to drive out any evil spirit from persons possessed of demons (Balley, 1986). Studies by (Cockerham, 1991) indicate that faith healing is the belief accomplished through the intervention of God. The belief in God constitutes miraculous healing.

In Igbo and Yoruba, patients prefer faith healing through the church to the traditional healers. This is because faith healing through the church serves two purposes. It drives out demons and evil spirits from the patient and treats the whole body simultaneously. Moreover, in Igbo and Yoruba, it is an abomination for a Christian to go to a traditional healer, in time of ill-health or any misfortune. Murraylast (1986) states the characteristics of faith healers as follows:

Members shall neither keep nor use Shigidi (clay idols used in sending bad medicine to kill people); sokuro (medicine hanged with intention to prevent death); Tira, Igbadi and Ondo (charm and Talisman sewn in leatheror parchment put around self-protection); Epe or Ase (Imprecation); Apeta (Power used to cause poisonous boils or carbuncles); Oruka ere (ring soaked in bad medicine for slapping the face or shaking the hand of foes); Akaraba (charms used to hypnotize and to cause mischief); Agadagodo (juju padlocks...); Gbere sinsin (skin marks by incision with juju powder for prevention against witchcraft or sanke bite); Madarikan (medicine or charms trusted upon as a means of protection against

enemies); Agbelepota (medicines or charms to kill enemies unawares); Doctor's treatment is not disallowed (Murraylast, 1986).

The summary of the observations above stresses the point that no member of a faith healing denomination should do evil to any other human being. To be specific, they practice love in action, not only to their members, but to the world at large (Murraylast, 1986).

The Values of Traditional Healers

Traditionally, both Igbo and Yoruba lack modern health care delivery systems to deal with such problems as malaria, measles, malnutrition, small-pox, gastro-enteritis, pneumonia, etc. Traditional healers are valuable because the majority of the population reside in rural areas, while most orthodox health systems and physicians are situated in urban areas. However, traditional healers live among the people. They are in command of the language and local verbal and non-verbal communication. They are thereby prone to control attitudes and behavior of the people even better than periodic visits of orthodox health persons. Besides, they have a better understanding of the community and individuals therein. Traditional healers and modern physicians should be looked upon as allies, rather than having two public health systems. Traditional healers can be encouraged to save many lives

during cholera, measles and small-pox epidemics. Traditional healers live among the people and they have a greater awareness to meet with the health care of individuals. Their observations in conjunction with orthodox health planners can provide a better assessment of health care services.

In addition, herbalists have drugs which are effective in treating local diseases. In both Igbo and Yoruba, medicinal plants used by traditional healers have been found effective for local cases of treatments.

Traditional healers treat intestinal hurry, hypertension, convulsions, malaria, ulcers, fractured bones and other ailments. In some cases, surgery operation would be needed but there are no hospitals or surgeons.

Therefore, traditional healers and orthodox system ought to be integrated to facilitate better health care services. The integration of the traditional healers with western systems of health care is very essential (Harrison 1979 and Isenalumbe, 1990).

Relationships Between Modern and Traditional Practitioners

Traditional healers do not show the same degree of hostility towards modern practitioners as the latter do to them. The traditional healers think they can deal with all illnesses. Traditional healers often assume to treat any

illness thereby exploiting his clients unfairly. Traditional healers are affiliated to 'closed' cultures while modern practitioners adhere to scientific or 'open' cultures. It could be argued that comparing scientist thinking about his research with a traditional healer illustrates the contrast. However, the thought of traditional healers are being skeptical of theories, sometimes uttering a lie if it is necessary, in their relationships with clients. The scientific mode of thought is also trial and error, discarding those ideas which does not work and inclining to experiments.

Traditional healers live in the communities which they serve. Traditional healers are better protected and hidden in these communities free from any evaluation than modern practitioners. Moreover, the reputation of a traditional practitioner is paramount in determining his activity, whereas a modern doctor may be able to use qualifications to obtain some sort of practice or even his reputation. Retribution against any traditional healer who lacks effective treatment can be devastating in the community.

Modern doctors are sometimes persuaded that traditional healers do more harm than good. Nevertheless, the practice of modern medicine has helped to increase life expectancy of peoples and infant mortality as a result of the application of modern medical techniques. Modern medicine attempts to cure

different types of illnesses and also controls the spread of any sickness.

Traditional practitioners have adopted some modern practices are serving a need for the people. The need is for cures and acute conditions which are not provided by modern practitioners. The modern practitioners are located mainly in towns and cities who are less accessible in cases of natural disasters. Modern doctors use methods and techniques developed in industrial societies while traditional practitioners use the cultural beliefs in supernatural causation (Jones, 1989 and Bibeau, 1986).

The Integration of Western-trained Practitioners with Traditional Medicine

There are many treatments which the modern physician can learn from the traditional healer. The treatment of the traditional healer is truly holistic and deals with all the causes and effects of the patients' illness. In addition, medicine in Igbo and Yoruba is changing with times to accommodate and incorporate new methods as a result of western medical training. Modern medicine is effective in the treatment of acute infections and surgical operations, but in Igbo and Yoruba, they do not perceive medical treatment as the most effective in treating any ailment. However, both Igbo

and Yoruba are undergoing a process of rapid transformation, the beliefs in supernatural causation and the use of medical practices. The importance of the two practices have necessitated the urgent need for the integration of western medicine and traditional medicine (Balley 1986 and Mando 1985).

Dr. Lambo, the Deputy Director-General of the World Health Organization was one of the first western-trained psychiatrists to integrate traditional psychiatric healing with western psychiatric treatment in Nigeria. At the Aro Hospital in Abeokuta, Yoruba, Nigeria the native treatment centers of the villages were integrated with western psychiatric treatment.

However, a gradual integration of modern and traditional practices was initiated only at the administrative levels. As the traditional practitioners become educated and well-organized, they would understand what they can benefit from the western professional doctors. On the other hand, modern trained physicians should be ready to learn from traditional healers and not neglect them in totality. There are numerous treatments offered by traditional practitioners which remain to be very helpful to ailments. Thus, the federal and state governments are helping to organize the traditional mental

health practitioners. It is suggested that the following actions should be taken:

- (a) a census of such practitioners should be taken in all the villages and towns;
- (b) specific areas should be identified and recorded accordingly;
- (c) local governments should be involved to organize the traditional practitioners in each locality;
- (d) a census of the patients in attendance in each home or clinic should be recorded;
- (e) subsidy should be paid by the government to the known traditional practitioners on the basis of the population of patients treated;
- (f) every village and town should have their own center coordinated by the state and federal government agencies;
- (g) the integration of traditional practitioners and modern physicians should be gradual starting from the local level to all the districts. The improvement of their educational attainment would determine the rate of the diversity of the traditional practices.

The modern professional doctors should work with the traditional practitioners. This is encouraging some

collaborative studies between traditional practitioners and modern professional practices. As the educated and trained individuals continue to increase, then they would assimilate more western practices. Presently, both Igbo and Yoruba people are culturally and traditionally sending their indigenous people to schools to acquire western education. Culturally, both Igbo and Yoruba do train their males in the traditional ways of practicing native treatments. Today, Dr. Akerele Adu, modern and traditional psychiatrist in Akure, Ondo State has trained his own son who is a known psychiatrist. Thus, the integration of traditional practitioners and modern professional doctors will yearn for effective mental health treatments. Clients will gain, society will benefit and the quality of health care will improve. Moreover, we shall have many trained traditional practitioners to cover the rural and urban communities left without any medical system (Jaiyeoba, 1988; Shuller, 1990).

The World Health Organization and Traditional Medicine

Traditional healers were in existence before the introduction of western medicine. The natives know whom the traditional healer is and whom to refer to. However, the World Health Organization (WHO 1986) defined a traditional healer as:

Someone who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community.

The WHO, through its various expert committees has repeatedly focused attention on the importance of traditional healers in health care delivery systems. Thus, the WHO executive board, at its 57th session in 1986 produced a paper on Health Manpower Development. The main objective of WHO was training and utilization of traditional healers and their collaboration with health care delivery systems. Also, the WHO regional committee for Africa at its 26th session in Kampala in September 1986, deliberated and produced a paper on traditional medicine and its development. The regional office of the World Health Organization whose headquarters is in Brazzaville, is the third inter-governmental agencies facilitating the needs of traditional medicine. Another group of WHO experts also met in Geneva in December 1985 and produced technical report series entitled "The Promotion and Development of Traditional Medicine."

A later committee of experts maintained that all medicine is modern in as much as it provides satisfaction to the people, despite the setting in time, place and culture. They

also observed that the main differences in the goal or effects were on culture of the peoples who practiced the traditional medicine. They further noted that traditional medicine is nothing new since it has always been an integral part of all human cultures.

A main reason for why traditional medicine has not made the rapid progress as compared to western medicine is that traditional medicine has not exploited the discoveries of science and technology.

Thus, the World Health Organization attempts to recognize the importance of traditional medicine and to classify various categories of its continuous medical services to Igbo and Yoruba communities. Previously, the committee has tried to identify the positive and negative aspects of traditional medicine. It emphasized the need for better understanding and mutual respect between practitioners of western medicine and traditional healers. They stressed on improving the quality of health care provided by traditional healers through continuous training. The need to integrate traditional practitioners and western medicine was highlighted.

Each of these reports of these expert bodies focused on utilization and integration of traditional health care systems. They recommended four levels at which action can be taken to effect integration of traditional healers. The

levels should be international, national, professional and consumer levels. It was recommended that national policies should be formulated and recognition should be given to the existing systems of traditional medicine. There should be legal recognition and social equality, employment opportunities and systems of medicine should be institutionalized. In addition, budgetary support should be provided for traditional medicine. The federal and state governments in Nigeria have been very active in their attempts to legalize and utilize practitioners of traditional medicine in the health care systems. The WHO recommended the formulation of national policies on traditional medicine.

The Lagos State was the first to pass the traditional medicine bill and set up a traditional medicine board. Membership of the board is made up largely of traditional healers with Chief J. Lambo, a traditional healer, as chairman. Oyo State had recently passed a similar bill called the Advisory Board on Traditional Medical Practice Law, 1983. In 1984 the adoption of a national policy on utilization of traditional medicine was discussed by the National Council on Health. The latter body is a council whose membership includes the Federal Minister for Health, the Commissioner for Health from each of the 19 states in Nigeria. Furthermore, the National Council of Health agreed that traditional healers

should be utilized in health care delivery. The council also agreed that a national traditional healers' board with representatives of the Federal and state government be established. Each state was urged to pass a traditional healers bill and set up a traditional healers' board. Also, it was recommended that the National Council on Health set up a committee to work out the details of implementing these decisions. But, since most traditional healers are illiterates and speak solely their local language, there was the problem relative to the question of "which language." What would be the language to be used at the meeting? The National Council on Health sought the reaction of the western-trained doctors to the plan to use traditional medicine. Thus, the Nigeria Medical Association and the Nigerian Medical Council were asked for comments on this proposal. But, it was the view of the National Council on Health that the issue of traditional medicine should be studied carefully before integrating western and traditional medicine. In addition, the federal government in Nigeria made a decision in the senate to set up a Senate Committee on Health and Social Services. The committee was given the responsibility of finding a lasting solution to the problem of the health care delivery system in Nigeria. It was also to form a national drug policy. This committee through paid advertisement called on members of the

public to submit their views on traditional medicine. The committee did undertake changes in consistent with the WHO recommendation of formulation of national policies on traditional medicine (Bibeau, 1986; Jaiyeoba, 1988; Oyebola, 1992).

Western-Trained Doctors in Promotion of Traditional Healers

For many years, the practitioners of scientific medicine in Nigeria have looked down on traditional medicine. But a few scientific doctors have acknowledged that traditional healers have a role to play in the health care system. As previously mentioned, many scientific doctors have felt that there is no role for traditional healers and that their practices are positively harmful.

Fortunately, for traditional healers, the civilian government in Nigeria has recognized the importance of traditional healers starting in October 1979. In this regard, the Nigerian Medical Association was formed at Illorin in April 1980. The main theme of the conference was a symposium on the place of traditional medicine in basic the health care system. While many individuals accepted the integration of the two systems, others had little doubt in their minds as to how it would work out. Some individuals thought that traditional healers would not be able to allow a meaningful

decision at the government level. However, neither party opposed the idea but instead stressed the importance for registration of healers, the need to know their specialty areas and that the secrecy surrounding their practice must be removed. But there are some limitations to this recognition. The president of the Nigerian Medicine Association warned that their levels and drugs must be subjected to rigorous scientific analysis to identify their specific medicinal potential and potency. In addition, such recognition must entail the certification of its practitioners by their local governments through the State Ministries of Health. This will enable them to practice only in their local government areas. Besides, the Nigerian Medical Association warned that traditional birth attendants, bone setters, mental health therapists and circumcision "surgeons" should be registered. They suggested that herbalists, like conventional doctors be subjected to annual inspection and renewal of registration certificates by appropriate authorities.

Furthermore, the Nigerian Medical Association recommended that all the traditional healers must attend regular refresher courses and workshops conducted in vernacular by State Ministries of Health (Lambo, 1979; Awolalu, 1984; Una, 1984; Asuni, 1989). The Nigerian Medical Association further suggested that new entrants must have a pass in West African

Examination Council or its equivalent of ordinary level GCE (General Certificate of Education), in at least three subjects including one science subject. The Nigerian Medical Association also proposed that state and federal governments should establish an Institute of Traditional Medicine with a corresponding management board. Accordingly, this would ensure a minimum of five years training for "traditional-medical students." They also suggested establishment of research institutes in traditional medicines and to encourage the studies of traditional medicine in various universities. Dr. Adeniyi Jones, the Health Management Consultant to the Senate Committee, suggested that before a traditional healer is certified, he must practice for five years.

These suggestions are left open to questions and discussions. It welcomes further changing attitudes of practitioners of scientific medicine to traditional medicine in recent times (Murraylast, 1986; Lambo, 1979, Atando, 1985; Ademuwagun, 1985).

CHAPTER II
TYPES OF DISEASES TREATED BY TRADITIONAL HEALERS
IN IGBO AND YORUBA
Treatment of Diarrhea

Diarrhea is defined as too frequent and too watery emptying of the bowels. Diarrhea is one of the diseases treated by traditional healers in both Igbo and Yoruba, in Nigeria. Diarrhea includes dysentery, and watery stool. It is mostly associated with the type of food that an individual eats. In both Igbo and Yoruba solid food is utilized to restrict the frequent stool, such as plantain and sugar cane.

Similarly, "pap" is often used to restrict the frequent stool of infants. "Pap" is made out of maize and it serves as a substitute for infant formula (Buckley, 1985). Nursing mothers often give plenty of "pap" to their children instead of breast milk.

Treatment of Measles

In Igbo and Yoruba, measles is an acute, infectious and deadly disease. Measles is often very deadly to children from three to twelve months of age. Measles is endemic and worse than malaria. Measles is attached to children from one to

fifteen years of age (Saltzman, and Krugman 1989). In Igbo land, traditional healers mix local gin and alcohol, using it to spill on the body of the patient. Nursing mothers also apply dusting powder on the body of the patient after each bath. Nursing mothers also utilize "uri" on the body of the patient. "Uri" is a blackish ball-like substance used to apply on the body of the victim. The alcohol is spilled twice a day, morning and evening. Nursing mothers often add a few drops of disinfectant in the water during the patient's bath. It is believed among the Igbo, that "uri" will keep the victim away from evil spirits. Individuals of the first generation, who live in the rural areas often attribute any illness or misfortune to the wrath of evil spirits, gods and ancestors (Onuora, et al., 1987; Achebe, 1986).

Treatment of Malaria

Malaria is a common illness in Igbo and Yoruba and Nigeria at large. Malaria is transmitted to individuals by mosquito bites. But it is commonly treated by natives. Individuals suffer from malaria mostly during the rainy season, from April to October. This is basically attributed to numerous ponds and ditches which continue to breed mosquitoes. Traditional healers use different herbs, and

leaves for the treatment of malaria. In Igbo land, particularly in Umuahia, Abia State, Nigeria, different leaves such as banana and lemon leaves are boiled with native tea in a big pot. The patient sits beside the hot pot containing these items. A blanket is used to cover the person with the pot's contents. The smock covers the patient's body and the individual sweats profusely after inhaling the pungent smell of these leaves. Similarly, a patient can drink juice from the leaves of "dorongwuaro". This is a tree often used by both Igbo and Yoruba for the treatment of malaria. In addition, the patient can get well by drinking two tablespoons full of quinine twice a day. Most patients often prefer drinking the herbs soaked in native gin (Buckley, 1985, Chiwuzie et al., 1987). During rainy seasons, eighty percent of individuals living in both Igbo and Yoruba often suffer from malaria, once in two months. Since the hospital is far away from the rural areas and the natives are not wealthy enough to afford care, they often resort to traditional medicine (Buckley, 1985).

"Ogbanje" Treatment (Mental Disorder)

"Ogbanje" is a mental disorder caused by evil spirits which is only cured by traditional healers. "Ogbanje" is commonly known among the Igbo. The "Ogbanje" spirit is based

on supernatural causation in which individuals believe in mutual communication with the spirit world. For instance, in 1984, a student of Onitsha in Anambra State, Nigeria was possessed by the "Ogbanje" spirit. The female student went to a psychiatrist and medical doctor for help, but all to no avail. Despite the psychiatrists training in counseling on western psychology, she could not give any meaningful assistance. Ten years later, the teachers were convinced of the existence of "Ogbanje". The teachers vehemently advised that such matters should be sent to her parents or guardians. Thus, the school undoubtedly shifted the cure to the parents and she was cured culturally by a traditional healer (Achebe, 1986; Llechukwu, 1988). Some characteristics of one suffering from "ogbanje" include the following: The victim of "Ogbanje" spirit is speechless, confused and behaves abnormally. It is believed that the individual buried the seed of its "iyi-uwa" in the spirit world. "Iyi-uwa" is a whitish eye-shaped sand, which serves as a covenant between the patient of "ogbanje" and the spirit world. The parents consult a traditional healer who specializes in "ogbanje" treatment. The traditional healer directs the patient of "ogbanje" to where the "iyi-uwa" is buried. The patient can only be cured if the "iyi-uwa" is dug out from the ground. The "iyi-uwa" is combined with other items including herbs and special leaves,

rendering it powerless. Thus, the patient becomes normal and healthy (Achebe, 1986).

Treatment of "Afo-otuto" (Enteritis)

The "afo-otuto" (enteritis) is an inflammation of the intestine caused by numerous factors including typhoid fever and dysentery. However, Igbo people believe vehemently that "afo-otuto" is caused by the spirit world. Forty-seven percent of the nursing mothers attribute the cause of the disease to evil spirits, while nine percent believe "afo-otuto" is caused by contamination of children's food. But, parents living in cities prefer modern medicine to traditional medicine for the treatment of "afo-otuto" disease. On the other hand, eighty-eight percent of the nursing mothers living in the rural areas prefer traditional medicine to the treatment of "afo-otuto" disease. This is because the cause and effect of "afo-otuto" disease is associated with social and cultural ideas. However, the main factors contributing to "afo-otuto" are illiteracy and unsanitary and unhygienic environmental conditions. Nevertheless, some individuals in both Igbo and Yoruba use different types of herbs, assorted leaves and special food to prevent "afo-otuto" disease. For instance, Igbo people use bitter-leaf (oligbi) and "utazi" (edible green

vegetable) for soup making. These leaves are medicinal but very bitter. Finally, Igbo people believe that every bitter and edible vegetables help to eradicate any stomach disorders (Elegbe and Jube, 1988).

Child Delivery Treatments

In Igbo and Yoruba, we do not have many maternity hospitals where mothers can easily go and have their babies. Majority of the individuals living in rural areas do not have any transportation. Similarly, not everybody in the rural areas can afford the exorbitant cost of hospital bills. Since eighty percent of the people in both Igbo and Yoruba live in rural areas and the maternity hospitals are very few, most of their children are delivered locally. These children who are delivered locally are treated by traditional birth attendants. They are acceptable and accessible to the individuals living in rural areas (Bentley, 1986).

Presently, some states are thinking of integrating birth attendants into organized health systems. "In Bendel State, Nigeria, a midwifery unit has been established. The unit was established in 1976, to serve a population of ninety thousand "in Benin City." The unit takes midwifery skills to women in their own homes to reduce congestion in the city hospitals.

The services offered by these native midwives prove less costly than the main hospitals. The unit is staffed with community health nurses, midwives and community health workers. But there are some implications experienced by some nursing mothers who deliver their babies outside the supervision of medical nurses or doctors. For instance, in Umuahia, Abia State, Nigeria, nine out of four hundred mothers who delivered their babies at home were referred to the hospital because of pregnancy complications. They experienced hypertension, and premature or protracted labor. Unlike the women living in rural areas, women living in cities prefer going to hospitals and maternity clinics to deliver their babies. Moreover, they suffer less pregnancy complications because of adequate facilities utilized to assist them during their labor (Bentley, 1986; Isenalumbe, 1990).

Treatment of Deafness

Deafness is attributed to a bad omen from the evil spirits. In Yoruba, Orisa priests and diviners are consulted for ritual sacrifices. If the deafness cannot be cured, they claim that the gods sometimes reject sacrifices and the treatments are not effective. They can speculate that infertility, deafness, blindness or insanity have no remedy

because they are destined by the god of "Olodumare" in the spirit world. Among the Yoruba, all pregnant women are concerned about having a healthy baby. They prepare special charms and soaps for pregnant women, mostly those who have previously had defective children. This is to seek protection from the traditional gods, Oshun, Osanyin or Sango. Deafness is often attributed to bad omens or misfortunes inflicted upon by the supernatural causation and evil spirits.

Yoruba people use juices and minerals in the treatment of deafness. The ear drum is treated with palm tree leaves which no longer bear fruits. But, there is a symbolic link between the palm fruits, palm nuts and deafness. For instance, a pregnant woman who steals a bunch of palm fruits often give birth to a deaf and dumb baby. This is associated with the use of oil from the palm nuts (Odebiyi, and Togonu 1987; Morgan, 1980).

Treatment of "Avara" (Constipation)

"Avara" is constipation caused by bad water and food which is transferred to the child during pregnancy. Among the Igbo, it is a common illness with children. They find it difficult to excrete waste matters. As a result the nursing mothers utilize "Benji Root" to remedy the situation.

Traditional healers among the Igbo use "Benji Root" for normal excretion to take place. "Benji Root" is a herb known as yellow-root. The treatment is often accorded to the children from one to three months old. The yellow-root is cut into pieces and put in a bottle of clean water. It is allowed to ferment for some days until the solvent turns yellowish. The child is given three-tablespoons full of "Benji Root" three times a day. The child discharges small worm-like substances which have blocked the excretory system (Personal Interview with Oriaku, 1992).

Nursing mothers also use warm water and pump a little bit of it through the anus. The child is lifted up three to four times, and allowed to excrete waste matters. Children often experience such treatments from their mothers. It is very effective and inexpensive (Personal Interview with Oriaku, 1992).

Treatment of "Ogbo" (Acute Stomach Ache)

"Ogbo" is an acute stomach disorder which often keeps the patient uncomfortable whenever food is eaten. The patient is kept sleepless most nights. "Ogbo" also weakens the patient by sapping nutrients from the walls of the small intestines. The treatment of "Ogbo" is a gift from God or inherited from generation to generation, in a special family.

Traditional healers utilize a particular herb, "izu" (whitish clay), a special leaf, "ose ocha" (pepper for kola); egg then mix the components together. It is molded and pressed on the side of the stomach, where the patient experiences pains. The disease is often cured leaving finger-like marks on the side affected with "ogbo" (Personal Interview with Oriaku, 1992).

Treatment of Barrenness ("Nwanyi-aga")

In Igbo and Yoruba land, barrenness is ultimately circumstances beyond human control, and the patient often seeks help from traditional healers. It is customary in the two ethnic groups that women should bear children. Any person afflicted with barrenness often goes to a faith healer for dedicated prayers. Some people often visit the traditional healer since any misfortune is usually attributed to the wrath of the gods. Traditionally, the natives believe that the cause of any illness can only be treated effectively after the gods have been appeased. The patients often seek help from diviners who will pin-point the cause-and-effect of the barrenness.

The patient who succeeds in bearing children will attribute her good fortune to the work of the traditional healer. She will also recommend her immediate relatives to

the same traditional healer. The natives in Igbo and Yoruba often believe in supernatural causation as the cause of barrenness. It is never treated by professional medical doctors (Una 1984; 1979; Adeniyi and Ramakrishna 1985).

Treatment of "Ota" (Knots Around the Neck)

"Ota" is the presence of small ball-like knots around the neck. Natives in Umuahia believe that too much of "Ota" will ultimately make an individual to be lean and disturbed physically. Parents often check their children when they are between twelve and fourteen years of age. If they have too much of "Ota" around their neck, a special traditional healer is invited to remove the "Ota" off their youths.

It has been observed that after the treatment of "Ota", the patient becomes much healthier than before. The scar is always slightly visible after the recovery (Interview with Sam, 1992).

CHAPTER III

CONCEPTUAL FRAMEWORK

Traditional medicine is transmitted from generation to generation by informal methods and through unstructured situations. Since the indigenous people are non-literate, they usually hand down these techniques and practices by word of mouth (George, 1980; Ilechukwu, 1988; Edmund, 1979). They often diagnose a disorder through logical thinking and treat disorders with natural materials such as leaves, herbs and other inanimate substances (Ilechukwu, 1988).

Professional medical doctors who are licensed and have received a college education before practicing medicine, depend on the results of various laboratory tests before administering their treatments (Watson, 1984). But, with the traditional medicine in Igbo and Yoruba, traditional medicine is usually well integrated with other elements of a folk culture and is reinforced by them. The expected attitude toward a given element of traditional medicine is one of uncritical acceptance. Failure does not invalidate a practice on which it is based. A remedy is tried, and if it works, no surprise is evinced. This is what is expected. If it does not work, the failure is rationalized and something else tried. If the patient gets well, the remedial technique is credited with effecting the cure. If the patient dies, the

reason is not that the remedy was inappropriate, but that the patient was beyond help. Traditional medicine derives much of its prestige and authority from the majority of the patients that are cured regardless of what is done traditionally (Strans et al., 1988).

Nigeria is a configuration of cultural pluralism, including Igbo and Yoruba. Each ethnic group has its own special way of treating ailments. They speak different languages and use assorted techniques in its traditional treatments. But, the theme of the treatment is to remedy the sickness (Parrinder, 1986). Traditional medicine in both Igbo and Yoruba contend that illness was a state of disharmony with the gods and the spirit world. The two ethnic groups believe in supernatural causation as the cause of any illness. Before any treatment will be effective, the patient must pay its indemnity of sins committed in the spirit world. The supernatural causation is based on inanimate objects such as - winds, trees, rocks, rivers, earth, farmland, etc. But the natives who are primarily the first generation believe in a supernatural causation (George, 1980; Hackett, 1989).

This group of people live in the rural areas. The second generation represents the transitional age; they are individuals from thirty to fifty years of age. They live in cities and have embraced Christianity. They do not have

strong beliefs in supernatural causation. Most of these people seek the treatment of professional medical doctors when a family member is ill. They attribute any cause of illness to genetic characteristics, dietary, dirty water, dysentery, stomach pain, etc. The third generation is the modern age; they are individuals from fourteen to thirty years of age. They are less likely to believe in supernatural causation than the two other groups.

However, federal and state governments in conjunction with the World Health Organization have given careful thought to recognize traditional medicine. Some conditions have been given to facilitate the methods and techniques of traditional medicine. In addition, further medical training is recommended for mutual integration of traditional and modern professional systems.

Finally, it examines the conceptual context of both traditional practitioners and modern professional doctors in improving the health systems in Nigeria (Strans et al., 1988; Parrinder, 1986; George, 1980; Hacket, 1989).

CHAPTER IV
RESEARCH DESIGN
Methodology

The methods for this thesis consisted of secondary sources including scholarly papers written by experts familiar with the basic data relating to healing and to the theory of healing in Igbo and Yoruba societies. Primary sources included participant observation of the Umuahia community, one of the Igbo ethnic groups. In addition, interviews were conducted and questionnaires were administered to 170 Igbo and Yoruba living at Ajengule, Ogba, Ikeja, Lagos State.

The initial set of interviews and participant observations involved the first generation of Umuahia, traditional people who resided in the rural areas. As individuals who resided in the rural areas, this group adhered strongly to beliefs in gods and supernatural forces. The second set of participant observations, along with survey and interview techniques, involved individuals of second and third generations known as "transitional age" residing in Ogba, Ikeja Community. They were comprised of both Igbo and Yoruba ethnic groups. One objective of the study was to examine the similarities and differences between Igbo and Yoruba who live

in rural areas and those residing in townships. Additionally, this research presents six case studies of healing associated with supernatural causation. Generally, the research sought to answer the following questions. Do people who live in townships adhere to beliefs in gods and ancestors strongly as people living in rural areas? Do those who live in townships utilize traditional treatment for certain ailments? How do they differ from the practices of those living in townships?

Setting

This study was designed to examine how beliefs in supernatural traditional medicine can influence the causation of illness among both Igbo and Yoruba. The study's setting was a rural area in Umukabia, Umuahia, Abia State, Nigeria, a homogenous city in Lagos comprised of Igbo and Yoruba, in Ogba, Ikoyi, Lagos, Nigeria.

A rural area in Umukabia, Umuahia was chosen because it is composed of first generation of traditional healers who believed strongly in the supernatural causation of illness. Ogba, Ikoyi, Lagos is comprised of individuals of all categories from Igbo and Yoruba communities. Individuals living in the towns were of the transitional age. They were working class people, including traders, teachers,

businessmen, and accountants among other occupations. The last category consisted of the modern age, those who incorporated the techniques and practices of traditional medicine while at school.

Population

The population for this study was comprised of Igbo and Yoruba peoples living in Ogbia, Ikeja, Lagos and Umukabia, Umuahia, Abia State. For both of the two ethnic groups, individual younger than fifteen years of age were not included in the population. This was because these individuals had not yet involved themselves in processes of supernatural causation. Instead their parents were the ones seeking cures from traditional medicine on their behalf.

There was an estimated total population of about 10,000 from which a sample was taken, which was included in the participant observation process. Using a naturalistic setting, the researcher asked them questions and observed when traditional medicine was used. The two ethnic groups, Igbo and Yoruba, speak English as their lingua-franca, including their native language.

Sampling

In this research, a sample of 170 respondents was utilized with the participant observation. The sample of 170 in Ogba, Lagos was selected for the survey and participant observation conducted in May 1992. This included first generation of traditional age who lived in the rural areas, second generation of traditional age who lived in cities, together with the modern generation who were students. The "traditional age" was comprised of our fore-fathers who had previously cultivated strong beliefs in supernatural causation. The "transitional age" was comprised of professionals in townships who were less likely to believe in supernatural causation. The modern age included those individuals younger than fifteen years of age who had not involved themselves in beliefs of supernatural causation included the following breakdown: The sampling for traditional age (70); the transitional age (50) and modern age (50). The sampling was randomly selected to eradicate any bias against any group.

Research Questions

The study focused on the relationships between traditional medicine and beliefs in supernatural causation in

Igbo and Yoruba, Nigeria. The focus on supernatural causation examined how rural elderly people, transitional age individuals, and modern people continue to utilize traditional medicine despite the introduction of western medicine. Borrowing from the previously identified questions, the specific research questions are as follows:

1. Is there any relationship between beliefs in supernatural causation and the practice of native living in rural areas?

2. Is there any relationship between educated individuals living in cities and traditional medicine?

3. Is there any difference between individuals living in cities and natives living in rural areas with regard to their beliefs in supernatural causation?

Sources of Data Collection

This included persons from all sections of Ogba; thus, representation was apparent with respect to occupation, religion, geographical locations etc.

For Igbo and Yoruba traditional medicine, the data sources were of three categories. 1) The indigenous documentation of both Igbo and Yoruba authors (Achebe, 1986; Ayoade, 1986; George, 1980; Ilechukwu, 1988; and Adeniyi,

1985, etc). 2) The author of this thesis as a participant observer in Umuahia rural area, Abia State, Nigeria. 3) A survey was conducted in Ogba, Lagos, consisting of questionnaire which included items on demographic data; family history of traditional treatment of illnesses, and social backgrounds of Igbo and Yoruba in Nigeria.

Data Analysis

Content analysis of data gathered through participant observation was the principal means used in the analysis of these data. Participant observation is a most appropriate technique to examine why natives living in rural areas strongly believe in supernatural causation. It is also useful in answering questions such as: Why do they attribute supernatural forces to numerous inanimate objects as the cause of any illness? Where do they offer these ritual sacrifices? What happens in case of any critical illness? Will they then seek medical treatment from modern doctors or continue to rely on traditional practitioners? Is there insufficient income causing individuals to utilize traditional medicine? In contrast, secondary data sources are most useful in answering questions such as: Is government or World Health Organization

doing anything to improve the health care system for those dependent upon traditional medicine?

In the manipulation of variables of this study, independent variables include: religions (Protestant, Roman Catholic and other); age (young, middle-aged, and elderly); occupation (professionals, non-professionals, other); geographical location, and education. Analysis of descriptive statistics included frequencies and distribution.

Limitations

1. The participant observation and a survey used for this study were based only on two ethnic communities - Igbo and Yoruba in Nigeria. Other research may vary tremendously from the recent study when numerous communities are included.

2. Many of the subjects who were part of the participant observation are non-literate and were not included for the survey aspect of this study. Thus, this research did not document the thoughts and sentiments of individuals who are illiterate in the two communities - Igbo and Yoruba.

Recommendations for Further Study

Additional research is recommended that would widen the breath of this study. Special attention should be given to the points raised here.

Since the social institutions of the Yoruba and Igbo are changing fast, I strongly recommend that further studies be made comprising different ethnic groups in Nigeria. Further studies should yearn to embrace social history, economic and governmental settings of those being investigated.

CHAPTER V
DATA PRESENTATION AND DISCUSSION

This chapter deals with the presentation and analysis of the data collected by the use of the survey questionnaire. The analysis of the findings basically covers five variables: (1) religion and supernatural causation, (2) age, (3) occupation, (4) geographical location, and (5) education.

TABLE 1
Percentage Distribution of Respondents Believing in Religion
and Supernatural Causation.

	Religion Beliefs		Supernatural Beliefs	
	N	%	N	%
Yes	23	17.69	19	15.62
No	57	43.85	31	23.85
Total	80	61.54	50	38.47

The findings in Table 1 reveal that 130 subjects provided responses to information on religious/supernatural beliefs. The table shows that almost 18 percent of the subjects believed in supernatural causation while virtually

forty-four percent did not. It is likely that Igbo and Yoruba religious groups were less likely to adhere to supernatural causation than the natives living in rural areas. With respect to religiosity, virtually fifteen percent of the Yoruba and Igbo believed in "Allah" while forty-six percent were Christians.

This table shows that a greater number of both Igbo and Yoruba were less likely to believe in supernatural causation in comparison to holding a religious belief. However, some ethnic groups were neither Christians nor Moslems. Nevertheless, those who did not believe in any religion often utilized medical treatment on their patients. On the whole, the two religious groups were less likely to believe that gods, spirit worlds and ancestral spirits had any influence on any illness.

TABLE 2
Percentage Distribution Believing in Supernatural Causation
by Age

Age	Age of Non-Believers		Age of Believers	
	N	%	N	%
15-29	21	12.35	20	11.76
30-49	26	15.29	24	14.12
50+	27	15.88	52	30.59
Total	74	42.52	96	25.88

Table 2 shows data on subjects' beliefs in supernatural causation by age. Virtually, twelve percent of the respondents aged fifteen years to twenty-nine years of age were nonbelievers while virtually another twelve percent constituted believers in supernatural causation.

Of the thirty to forty-nine age group, virtually fifteen percent were nonbelievers in supernatural causation while fourteen percent were believers. At the age of fifty and above, almost sixteen percent of the respondents answered "No" to beliefs in supernatural causation, while virtually thirty-one percent answered "Yes".

Twelve percent of individuals 15-29 years of age were mostly students who were less likely to believe in supernatural causation. Those individuals living in rural areas tended to believe in supernatural causation while more individuals living in towns or cities did not. Instead they preferred going to hospital to seek professional treatment. This is in part because they can better afford the high cost of hospitalization.

Almost thirty-one percent of those fifty and older were often more inclined to believe in supernatural causation. This group of people live in the villages and they are much older than the general population. Their old age makes them

unfit for any manual labor or to do any farming. They depend mostly on their sons and daughters to meet their needs. This age group is more likely to utilize leaves and herbs for the treatment of any ailment. Moreover, it was observed that they had cultivated a strong belief in supernatural causation, before the introduction of western medicine.

TABLE 3

Percentage Distribution of Respondents Believing in
Supernatural Causation by Occupation

	Professionals		Non-Professionals	
	N	%	N	%
Yes	27	32.53	56	64.36
No	56	67.49	31	35.63
Total	83	100	87	100

The findings in Table 3 reveal that 170 subjects provided responses to information on professionals/-supernatural causation. Table 3 shows that virtually thirty-three percent of the professionals believe in supernatural causation while sixty-seven percent responded negatively. Professionals included teachers, doctors, lawyers and businessmen. They can better afford the high

hospital bills in comparison to non-professionals and are less prone to believe in supernatural causation.

Inversely, sixty-four percent of non-professionals were poor farmers who believed in supernatural causation and could not afford the high cost of hospitalization.

Furthermore, it was observed that sixty-four percent of the non-professionals who sustained wounds were treated locally by traditional healers, while sixty-seven percent of the professionals who had no belief in supernatural causation sought treatment from modern hospitals.

TABLE 4

Percentage Distribution of Married Respondents Believing in Supernatural Causation by Geographical Location

	Townships		Rural	
Yes	31	37.80	59	64.05
No	51	62.19	29	32.95
Total	82	100	88	97

Table 4 shows data on married subjects' beliefs in supernatural causation by geographical location. The findings in Table 4 reveal that 82 subjects in cities provided information on supernatural causation by location,

while 88 subjects in rural areas provided responses on the same variable.

This Table shows that virtually thirty-eight percent of married persons responded positively to belief in supernatural causation while sixty-two percent of married persons in cities responded negatively. Those married persons were those residing in Ogba, Lagos in Nigeria. The individuals in cities were exposed to modern medical hospitals and tended to know why various illnesses and germs were caused. This group often utilized hospitals for treatment.

On the other hand, sixty-four percent of the married persons living in rural areas were poor individuals who could not afford the high hospital bills. Their last resort was to utilize traditional medicine, which was much cheaper. Most ailments of the sixty-four individuals living in rural areas were administered by traditional healers. Ultimately, infant mortality rates are greatest in the rural areas.

In addition, sixty-four percent of the mothers living in rural areas believed to have received messages from the people of the dead. These messages were linked with gods, spirit world and ancestors. Therefore, infants whose lives

would have been saved during any serious illness were lost
as a result of indepth beliefs in supernatural causation.

TABLE 5

Percentage Distribution of Respondents Believing in
Supernatural Causation by Education

	Educated Persons in Townships		Uneducated Persons in Rural Areas	
	N	%	N	%
Yes	27	15.88	56	32.94
No	56	32.94	31	18.24
Total	83	48.82	87	51.18

The findings in Table 5 reveal that 83 subjects were educated persons who provided responses to information on supernatural causation by education, while eighty-seven subjects included information from uneducated persons.

As Table 5 indicates, virtually 33 percent of the educated persons are less likely to believe in supernatural causation. However, almost 16 percent of the educated persons admitted that they sometimes utilized traditional medicine in the treatment of infants during their home confinement, but educated adults often seek the assistance of medical doctors when they are ill.

In contrast, virtually 33 percent of uneducated persons are likely to believe in supernatural causation. This represents thirty-three percent of uneducated persons who

believe in supernatural causation compared with almost sixteen percent of educated persons. Uneducated persons are often afraid of losing their children to health problems. They often combine the traditional medicine with modern medicine in case of any serious illness.

In addition, almost thirty-three percent of uneducated persons are more inclined to associate their beliefs in supernatural causation with unborn children. They believe that constant contact with "pretty" babies while they are pregnant will ultimately make their unborn baby to be attractive. A significant percentage of pregnant Igbo women avoid individuals who are ugly.

Uneducated persons also tend to believe that eating large plantains will promote a tendency toward difficult labor in child birth. Additionally, they believe that pregnant women should not venture out at night. They also believe that pregnant women should avoid seeing any corpse.

Similarly, in both Igbo and Yoruba, a significant number of individuals living in rural areas are in constant fear and believe strongly in supernatural causation. Virtually a third of uneducated persons in Igbo land will often pour libation on the ground before drinking any wine, seeking long life, protection and prosperity from the ancestors.

The beliefs in supernatural causation have a great impact on those subscribing to such powers. This impact is greatest among the uneducated. The educated "elites" on the other hand, tend to adopt practices closer to western civilization.

CASE STUDIES/INTERVIEWS

CASE I

Healing Associated with Supernatural Causation

According to an interview with Agomoh (1992) at Umuahia, Abia State, Nigeria, his brother was healed by supernatural forces. The brother, by name "Inegbu", was cutting down a palm tree, which accidentally fell on his right thigh. As he was trying to move backwards, his bones were broken. He was carried by his brothers to a native doctor residing in the neighboring village. The patient - "Inegbu" was not treated by this native doctor directly. Instead, he was put in a small house outside the main house of the native doctor. The patient was treated by a mighty snake of eighty feet long which came every night to arrange the fractured bones. The patient was in this small house for six months receiving treatment from this mighty snake. He recovered completely from his fractured thigh and he is walking upright without any crutches. While the reader may be skeptical of this story, it

has been evidenced as actually have happened. Thus, the healing of "Inegbu" at Umuahia, Abia State, Nigeria was associated with supernatural forces. This is why both Igbo and Yoruba believe in mutual communication of the spirit world with the living (Personal Interview with Agomoh, 1992).

CASE II

An interview with Agbazu on May 1992, stressed that a native of Umukabia, Umuahia returned from France in 1990. This man was well read. He obtained his Ph.D. from one of the renowned universities in France. His name was the Late Dr. Benditte Egesi. Since he was overseas, he had given up the belief in supernatural causation. As he was residing in his village community, a family was playing a native ritual dance to their deceased father. Dr. Benditte Egesi went to the ritual ceremony and drank a cup of native wine. This was the end of his life. Did he die because of participating with the village members? Any person who had not played the ritual dance for his deceased father before participating with the ritual ceremony, would inevitably be vindicated by the ancestral spirit that night. There is no professional medical doctor who can remedy the patient; he will be involved with heavy snoring until the individual is dead. Thus, Dr. Benditte Egesi died because he had not played the ritual dance for his deceased father before participating with the ritual

ceremony of another ritual dance. The first generation of people who live in the rural areas, have strong beliefs in supernatural causation. In addition, I had another interview with a man by the name of Iheanyi Nwosu on May 26, 1992, in Umukabia, Umuahia, Abia State Nigeria. A tree at the back of their house was cut down where they wanted to erect a story building. The tree was dedicated to one of the gods called "Iyi-uwa" ('Iyi-uwa' is a river of the spirit world). The relatives of Nwosu consulted a diviner who enumerated the items to be utilized to offer sacrificial rituals to the "iyi-uwa" tree. It was most surprising that the relatives termed these sacrificial items to be very expensive and neglected the instructions of the diviner. The relatives cut the "iyi-uwa" tree not minding the impending omen that might befall the family. After six months duration, the owner of the newly erected house returned home. The first night of his arrival in his home, he was vindicated by the wrath of the "iyi-uwa" spirit. One part of his body was paralyzed and he was snoring heavily for six days. Different diviners and herbalists were invited to rescue this wealthy man. But all their sacrificial rituals were of no avail; they could not restore the man's body that was paralyzed. Individuals of the first generation of traditional age, are induced to believe in supernatural

causation because of unpredictable circumstances that befell different individuals, in both Igbo and Yoruba.

CASE III

In May 1989, I had an interview with a faith healer, Reverend Mogodonsun, at Ude Ofeme, Umuahia, Abia State, Nigeria. This faith healer did not attend any theological seminary, but members of his entire family are devout Christians. By constant and devoted religious practices, Reverend Mogodonsun, attracted most of the patients from the extended families of the villages, communities and from Nigeria at large. The majority of patients are cured of headaches, fever, pregnancy problems, stomach pains, coughs and assorted illnesses. In 1984, seventy-five percent of his patients had been cured of coughs, eighty percent of stomach pains and eighty-five percent of the women cured of protracted labor problems.

Reverend Mogodonsun uses fasting, olive oil, and prayers on his land called "Subitat" to heal patients from all over the country. "Subitat" is a secluded fenced holy land where new members go to confess their sins to God before they are admitted with the old members. In addition, all members pray in the Subitat every morning and evening at six o'clock. Individuals who have pressing needs go to the "Subitat" and pray devotedly for their request to be accomplished. They

also have the "Subitat Week" (Holy Week) when all members pray for universal peace as well as individualistic problems. Members of the church are attracted from all over Nigeria to observe the "Subitat Week" (Personal interview with Reverend Mogodonsun, 1989). Individuals in both Igbo and Yoruba adhere to faith healing denominations because it eradicates the intervention of witchcraft, which can be positive or negative. According to Reverend Mogodonsun, this is known as witchcraft in medicine.

CASE IV

Witchcraft in Medicine

According to an interview with a faith healer, Reverend Mogodonsun in June 1992 at Ude Ofeme, Umuahia, Nigeria, witchcraft in medicine is identified by the act of injecting a deadly medicine in the body. In addition, witchcraft in medicine involves applying life giving medicine or life curing medicine. Accordingly, life in man is Godly, it does not attract witchcraft. Any one who has the life of God will not be killed by deadly medicine being injected in one's body. This is because the person has positive witchcraft in his/her body. Positive witchcraft is the white corpuscle which fights for any foreign organism

entering the body. This is what is called contagious magic or "Like attracts Like". When contagious magic is used along with backing God, which is negative witchcraft, that particular doctor reviews no person, since going to him means that the "doctor kills."

Nature contains witchcraft when positively applied; it becomes a positive cure which is life or Godly. In addition, the idea that nature contains witchcraft when negatively applied becomes a negative cure, which is death and Satanic. When applied, the negative way is accessed because of a lack of knowledge of God. Accordingly, in keeping themselves Holy as God is in the Bible and as the Heavenly Father is in Heaven, one avoids the negative. Reverend Mogodonsun stressed that since God is the creator of everything, nothing is negative. The negative is the individual's own making which is the fallen one.

In contrast, positive witchcraft is used by the person to cure the patient, and it is not revealed to any person other than the person using it. However, negative witchcraft is hatred in every negative human being; this can be seen in a teacher who fails a student who in turn becomes angry at the teacher. The anger becomes the witchcraft. For instance in the case of a lecturer who gives a 99% rather than 100%, the removal of one percent (which is the anger of

the lecturer) becomes the witchcraft. Moreover, in healing, positive witchcraft is the secret which the healer uses and no other person knows it. Negative witchcraft is the application of the secret which the destructive person applies against both the patient and the teacher. The witchcraft is only known by the person administering it. However, in modern medicine, negative witchcraft is the person who applies a wrong measurement of his medical cure on patients. This doctor uses the medicine intended for medical cure to kill patients, which can be seen in alcohol or addictive tetracaine containing witchcraft. This is because much of it accumulates in the body and causes another illness that cannot be cured by a modern scientific doctor nor a traditional medical doctor because in attempt to cure to keep a life, they also cure to kill. Finally, it is a disease against a disease cursing illness in the body (Personal Interview with Reverend Mogodonsun, May 1992).

CASE V

For instance, in May 1989, I had an interview with a faith healer, Reverend Mogodonsun, at Ude Ofeme, Umuahia, Abia State, Nigeria.

This faith healer did not attend any theological seminary, but entire family members are devout Christians.

By constant and devoted religious practices, Reverend Mogodonsun, attracted most of the patients from the extended families of the villages, communities and from Nigeria at large. Majority of patients are cured of headaches, fever, pregnancy problems, stomach pains, coughs and assorted illnesses. In 1984, seventy-five percent of the patients have been cured of coughs, eighty percent of stomach pains and eighty-five percent of the women cured of protracted labor problems. Reverend Mogodonsun uses fasting, olive oil and prayers on his land called "Subitat" to heal patients from all over the country. "Subitat" is a secluded fenced holy land where new members go to confess their sins to God before they are admitted with the old members. In addition, all members pray in the Subitat every morning and evening at six o'clock. Individuals who have pressing needs go to the "Subitat" and pray devotedly for their request to be accomplished. They also have the "Subitat Week" (Holy Week) when all members pray for universal peace as well as individualistic problems. Members of the church are attracted from all over Nigeria to observe the "Subitat Week" (Personal interview with Reverend Mogodonsun, 1989). Individuals in both Igbo and Yoruba adhere to faith healing denominations because it eradicates the intervention of witchcraft. There is positive witchcraft and negative

witchcraft. This is identified by Reverend Mogodonsun as
witchcraft in medicine.

CHAPTER VI

SUMMARY OF FINDINGS

This chapter examined the analysis of data obtained from Umuahia and Ogba, Lagos, Nigeria. Participant observation and survey techniques were utilized to obtain these data. The findings included the traditional, transitional and the modern ages.

Tables were presented on supernatural causation and religion. Individuals in both Igbo and Yoruba view it as a taboo for people to be Christians and equally perform ritual sacrifices to gods. The professionals are less likely to believe in supernatural causation. Since many of them live in cities and are well educated, they are more likely to be inclined toward modern, scientific medicine in the case of any illness. There was a relationship found between marital status and beliefs in supernatural causation. Also parents with several children are more likely to be involved with various treatments for illnesses. Since they are desperate for their children's recovery, they tend to be more likely to exhaust all possibilities. However, beliefs in supernatural causation can hardly be ruled out in either Igbo or Yoruba communities. But as individuals move from tradition to modern age, they tend to believe less in

supernatural causation. Nevertheless, both Igbo and Yoruba are prone to believe in supernatural causation during serious accidents, premature deaths, or a sign of an impending bad omen.

GLOSSARY

"Ala-ezi" is associated with the god of the family. It is the god which protects the entire family both at home and abroad. A small tree called "Uha" is installed in the family circle as a symbol of "ala-ezi". All sacrifices relating to the family, protection, fertility, guidance and cure of any illness are offered at the foot of "uha". "Uha" is an edible plant used by most Igbo people in preparing their soup.

Convulsion is an intense paroxysmal involuntary muscular contraction. It is an uncontrolled fit and a violent turmoil.

"Durugwunyaro" is a special plant used for the treatment of malaria. The herbs are soaked in native gin and the patients drink the solvent every morning and evening. A small glass is used to measure the content of this "durugwunyaro" solution.

"Iyi-uwa" is a ritual sacrifice associated with the river of the spirit world. Every sacrifice in connection with

"Iyi-uwa" are offered in that it will be carried into the river.

"Njoku" is the god of agriculture, numerous sacrifices are offered for the crops to yield more harvest than the previous years.

"Praise names" is often used by Igbo and Yoruba diviners.

It is invocation of our ancestral spirits, gods and the spirit word, for the medicine to cure the illness.

Praise names are often utilized by elders of the communities. They use the praise name for their ancestral spirits to read them safely at nights to their various destinations.

Reincarnation is a belief in both Igbo and Yoruba that dead relatives are born again in a new body. They often bear the same scar on the face or hand which they sustained when they were alive.

Religion: is the belief in a god or divine deity/supreme being.

Rural area is the village community without any electricity, pump water, no hospital and their roads are not tarred. They depend on big cities for all their economic needs.

Supernatural causation is the belief that illness and other phenomena are caused by invisible forces beyond human anticipation or control.

IGBO-YORUBA TRADITIONAL HEALING PRACTICES QUESTIONNAIRE

01-03 Interview Code Numbers

04-05 Are you (a) Married _____
(b) Single _____
(c) Widowed _____
(d) Separated _____

06 Are you male or female?

(a) Male _____ (b) Female _____

07 How many children do you have?

(a) One child
(b) Two children
(c) Three children
(d) Four or more children

08 How many of your children are living in your household?

(a) One child
(b) Two children
(c) Three children
(d) Four or more children

09 What are their ages?

(a) _____ (b) _____
(c) _____ (d) _____

010 What is their highest level of education completed?

(a) No formal schooling

- (b) Elementary
- (c) High school
- (d) College or University
- (e) Post-Graduate

011 How many members of your household are employed?

- (a) None _____
- (b) One _____
- (c) Two _____
- (d) Four or more _____

012 If you are the husband, what is the monthly income of your wife? _____

013 If you are the wife, what is the monthly income of your husband? _____

014 Are you Igbo or Yoruba?

- (a) Igbo _____
- (b) Yoruba _____

015 What is your current age group?

- (a) 0 - 15 _____
- (b) 15 - 19 _____
- (c) 20 - 24 _____
- (d) 25 - 29 _____

016 Where is your household located?

- (a) Rural _____
- (b) Urban _____
- (c) Both _____

017 In case of illness, do you usually utilize

- (a) Traditional healers _____
- (b) Western-trained doctors _____
- (c) Both _____

- 018 Do you know any traditional healer(s) in your community?
- (a) Yes _____ (b) No _____
- 019 What is the reputation of traditional hears in this community?
- (a) Greatly admired and used _____
- (b) Occasionally _____
- (c) Never _____
- 020 What types of diseases does he cure?
- (a) Fever _____
- (b) Dysentery _____
- (c) Yellow-fever _____
- (d) Malaria _____
- (e) Others _____
- 021 Are these diseases believe to be caused by
- (a) Natural phenomenon _____
- (b) Supernatural _____
- 022 Do traditional healers perform sacrificial rituals before treating the patients?
- (a) Yes _____
- (b) No _____
- 023 Where do they make the sacrifices?
- (a) Roads _____
- (b) Gullies _____

024 Why do traditional healers believe in offering
sacrificial rituals first before any treatment?

- (a) Beliefs in gods _____
- (b) Beliefs in the spirit world _____
- (c) Beliefs in ancestral spirits _____
- (d) All of the above _____

025 Do you believe in supernatural causation as the cause
of any illness?

- (a) Yes _____
- (b) No _____

026 Why do you believe in supernatural causation as the
cause of any illness?

027 Can you explain why most communities believe in
supernatural causation?

028 Do you live in a rural area or city?

- (a) Rural area _____
- (b) City _____

029 If you live in the city, do you consult a traditional
healer(s) when you are ill?

- (a) Yes _____
- (b) No _____

030 How many children live with you in the city?

- (a) One _____
- (b) Two _____

- (c) Three _____ (d) Four or more _____
- 031 Do you consult a traditional healer(s) when they are sick?
- (a) Yes _____ (b) No _____
- 032 If your child were suffering from convulsion, what would you do?
- (a) Go to the hospital _____
- (b) Resort to traditional healing _____
- 033 If your child is sick of "ogbo" (an acute inner pain) will you take the child to a traditional healer or medical doctor?
- (a) A traditional healer _____
- (b) A medical doctor _____
- (c) Other _____
- 034 Will you seek the consent of a diviner before administering any treatment?
- (a) Yes _____ (b) No _____
- 035 Do you believe in supernatural causation as the cause of any illness?
- (a) Yes _____ (b) No _____
- 036 Have you consulted or been referred to a healer during the past?
- (a) One year _____ (b) Two years _____
- (c) Three years _____ (d) Four years _____

037 Do you believe that the cause of the illness was a result of the anger of the spirit world?

(a) Yes _____ (b) No _____

038 Do you believe nursing mothers living in rural areas are more likely to use traditional medicine than those living in cities?

(a) Yes _____ (b) No _____

039 Do you think that parents living in cities are less likely to utilize traditional medicine than those living in rural areas?

(a) Yes _____ (b) No _____

040 Do you think that educated parents are less likely to utilize traditional medicine than those living in rural areas?

(a) Yes _____ (b) No _____

041 Do you think that Christians in cities are less likely to utilize traditional medicine than parents living in rural areas?

(a) Yes _____ (b) No _____

042 Do you think students of modern age are less likely to utilize traditional medicine than individuals living in rural areas?

(a) Yes _____ (b) No _____

043 Do you still believe in the efficiency of traditional medicine?

(a) Yes _____ (b) No _____

044 If you have faith and trust in any traditional healer, will you recommend the same healer to any friend or relative?

(a) Yes _____ (b) No _____

045 Do you think students in both Igbo and Yoruba are less likely to believe in supernatural causation of illness?

(a) Yes _____ (b) No _____

046 Do you think students utilize leaves and herbs to treat any ailment without believing in supernatural causation of illness?

(a) Yes _____ (b) No _____

047 If the illness is so complex, will students seek remedial treatments from a professional medical doctor?

(a) Yes _____ (b) No _____

048 If the patient needs a surgical operation, will you seek help from a traditional healer?

(a) Yes _____ (b) No _____

049 In case there is no transportation, will you seek help from a traditional healer?

(a) Yes _____ (b) No _____

050 Do you think students of modern age (15-30 years)
believe in the spirit world and ancestors?

(a) Yes _____ (b) No _____

051 Do you think educated individuals of transitional age
(31-49 years) believe in supernatural causation of
illness?

(a) Yes _____ (b) No _____

052 Do you think natives living in rural areas (50 years
and above) are more likely to believe in supernatural
causation of illness?

(a) Yes _____ (b) No _____

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